

Fill in this information to identify the case:

Debtor name Nelson Dermatology, PLLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 17-11536-BFK

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 1, 2017

X /s/ Dr. Jennell E. Nelson

Signature of individual signing on behalf of debtor

Dr. Jennell E. Nelson

Printed name

Managing Member

Position or relationship to debtor

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 281,949.41
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 281,949.41

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 68,161.79
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 332,232.48
4. Total liabilities Lines 2 + 3a + 3b	\$ 400,394.27

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest
\$200.00

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Everbank	Checking	7896	\$3,377.00
3.2. Industrial Bank	Checking	5238	\$500.00
3.3. PNC	Checking	1728	\$23.37

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$4,100.37

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Debtor **Nelson Dermatology, PLLC**
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7.1. **AthenaHealth, Inc.** **\$2,450.00**

7.2. **Sudley North, LLC (Security Deposit for Rent)** **\$6,159.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$8,609.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: **44,431.73** - **0.00** = **\$44,431.73**
face amount doubtful or uncollectible accounts

11a. 90 days old or less: **36,928.31** - **0.00** = **\$36,928.31**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **2,714.10** - **2,714.10** = **\$0.00**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **9,926.85** - **9,926.85** = **\$0.00**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$81,360.04

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description

**Date of the last
physical inventory**

**Net book value of
debtor's interest
(Where available)**

**Valuation method used
for current value**

**Current value of
debtor's interest**

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Name

19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Skincare Line	5/8/17	\$0.00	Recent cost	\$3,000.00
	Medical Supplies		\$0.00	Recent cost	\$3,600.00

23. Total of Part 5. \$6,600.00
Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☒ Yes. Book value 0 Valuation method Current Value 3300

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture (See Exhibit B38 attached)	\$589.00		\$589.00
	Medical Equipment (See Exhibit B38 attached)	\$382.00		\$382.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office Equipment (See Exhibit B38 attached)	\$209.00		\$209.00

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card

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collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$1,180.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.

☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. **Lease of 7960 Donegan Drive, Suite 217, Manassas, VA 20109**

Lease

Unknown

Unknown

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

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	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>http://www.nelsonskin.net/</u>	<u>\$0.00</u>		<u>\$100.00</u>
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations <u>10,000 Patients / Year</u>	<u>\$0.00</u>		<u>\$30,000.00</u>
64.	Other intangibles, or intellectual property			
65.	Goodwill <u>Goodwill Professional - Dr. Jennell Nelson</u>	<u>\$0.00</u>		<u>\$130,000.00</u>
	<u>Goodwill - Practice - Nelson Dermatology</u>	<u>\$0.00</u>		<u>\$20,000.00</u>

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$180,100.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☐ No

☒ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

The Hartford - Commercial and General Liability and Excess

\$0.00

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Accident Fund Insurance Co. - Workers Compensation

\$0.00

Norcal Mutual - Medical Malpractice for Dr. Arrington

\$0.00

United HealthCare - Employee Health Insurance

\$0.00

The Medical Protective - Medical Malpractice for Dr. Nelson

\$0.00

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Claim against David C. Jones, Jr.

Unknown

Nature of claim Legal Services Paid for and Not Received, breach of contract

Amount requested \$2,500.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$4,100.37	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$8,609.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$81,360.04	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$6,600.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$1,180.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$180,100.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$281,949.41	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$281,949.41

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address County of Prince William 1 County Complex Ct Woodbridge, VA 22192	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,147.67	\$1,147.67
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$60,816.02	\$55,316.12
	Date or dates debt was incurred	Basis for the claim: Taxes 2016 and 2017		
	Last 4 digits of account number 8425	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.3	Priority creditor's name and mailing address VA Dept. Taxation-Sales Tax PO Box 1115 Richmond, VA 23218-1115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,469.10 \$1,469.10
Date or dates debt was incurred		Basis for the claim: Sales Tax	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.4	Priority creditor's name and mailing address Virginia Commonwealth PO Box 1115 Richmond, VA 23218-1115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,729.00 \$4,729.00
Date or dates debt was incurred		Basis for the claim: Tax Withholdings	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address 4Imprint 101 Commerce Street PO Box 320 Oshkosh, WI 54901 Date(s) debt was incurred ____ Last 4 digits of account number <u>2182</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,175.62
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3.2	Nonpriority creditor's name and mailing address Artisan Laser Skin Care Center 12713 Galveston Court Manassas, VA 20112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$593.40
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3.3	Nonpriority creditor's name and mailing address BJ Kane and Company, P.C. 7006 Little River Turnpike Suite L Annandale, VA 22003 Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
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3.4	Nonpriority creditor's name and mailing address Brown, Mobley & Way P.C. Attn: Jackie Way 9161 Liberia Ave #100 Manassas, VA 20110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,177.50
3.5	Nonpriority creditor's name and mailing address Caldwell Consultants 209 Midshipman Circle Stafford, VA 22554 Date(s) debt was incurred <u>4/3/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.23
3.6	Nonpriority creditor's name and mailing address Capital Document Solutions 12115 Parklawn Drive Rockville, MD 20852 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$777.63
3.7	Nonpriority creditor's name and mailing address Comcast Business PO Box 37601 Philadelphia, PA 19101-0601 Date(s) debt was incurred _____ Last 4 digits of account number <u>2748</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Communication Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$656.38
3.8	Nonpriority creditor's name and mailing address Dell Financial Services Po Box 81577 Austin, TX 78708-1577 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,200.11
3.9	Nonpriority creditor's name and mailing address Delta Locum Tenems, LLC Four Hickory Centre 1755 Willington Place, Ste 175 Dallas, TX 75234 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,104.19
3.10	Nonpriority creditor's name and mailing address Denise Hovington CPA PO Box 1018 Woodbridge, VA 22195-1018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00

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3.11	Nonpriority creditor's name and mailing address Dr. Susan K. Fitzgerald M.D. 8100 Ashton Avenue Suite 207 Manassas, VA 20109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$982.46
3.12	Nonpriority creditor's name and mailing address Everbank Commercial Finance c/o Johnson, Morgan & White 6800 Broken Sound Parkway Boca Raton, FL 33487 Date(s) debt was incurred _____ Last 4 digits of account number <u>3990</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,603.66
3.13	Nonpriority creditor's name and mailing address Foundation Care Pharmacy 4010 Wedgeway Court Earth City, MO 63045 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
3.14	Nonpriority creditor's name and mailing address Iconnect - RxPc 21630 Ridgetop Circle Suite 120 Sterling, VA 20166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,088.85
3.15	Nonpriority creditor's name and mailing address Kaiser Foundation Health of the MID 2101 E Jefferson Street Rockville, MD 20852 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Insurance for Employees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,672.32
3.16	Nonpriority creditor's name and mailing address Laboratory Corp of America PO Box 2240 Burlington, NC 27216-2240 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257.90
3.17	Nonpriority creditor's name and mailing address McKesson Distribution (Galderma Laboratories LP) 401 Mason Road LaVergne, TN 37086 Date(s) debt was incurred _____ Last 4 digits of account number <u>5979</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,878.73

Debtor	Nelson Dermatology, PLLC <small>Name</small>	Case number (if known)	17-11536-BFK
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3.18	Nonpriority creditor's name and mailing address McKesson Medical-Surgical aka McKesson Specialty Care 401 Mason Road LaVergne, TN 37086 Date(s) debt was incurred ____ Last 4 digits of account number <u>3434</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.87
3.19	Nonpriority creditor's name and mailing address McKesson Medical-Surgical Minn Supply Inc. Successor to Next Successor to Next Day Medical LaVergne, TN 37086 Date(s) debt was incurred ____ Last 4 digits of account number <u>3968</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,458.95
3.20	Nonpriority creditor's name and mailing address Merz Aesthetics Merz North America, Inc PO Box 912073 Denver, CO 80291-2073 Date(s) debt was incurred ____ Last 4 digits of account number <u>1490</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,171.40
3.21	Nonpriority creditor's name and mailing address Millenium Systems Intl 28 Eastmans Road Parsippany, NJ 07054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.22	Nonpriority creditor's name and mailing address Miraca Life Sciences PO Box 843829 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.23	Nonpriority creditor's name and mailing address Nixon Uniform Service & Med 500 Centerpoint Blvd New Castle, DE 19720 Date(s) debt was incurred ____ Last 4 digits of account number <u>4771</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,653.56
3.24	Nonpriority creditor's name and mailing address Northern Virginia Magazine 14104 Newbrook Drive Suite 100 Chantilly, VA 20151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00

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3.25	Nonpriority creditor's name and mailing address Onstage Publications 1612 Prosser Avenue Dayton, OH 45409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$845.00
3.26	Nonpriority creditor's name and mailing address Paramount Service Corp. aka Paramount Mechanical Corp. 7053 Gateway Court Manassas, VA 20109 Date(s) debt was incurred ____ Last 4 digits of account number <u>4131</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$651.25
3.27	Nonpriority creditor's name and mailing address Piedmont Medical Real Estate c/o Doumar Martin PLLC 1530 Wilson Boulevard, Ste 430 Arlington, VA 22209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191,966.14
3.28	Nonpriority creditor's name and mailing address Pitney Bowes Inc. PO Box 371896 Pittsburgh, PA 15250-7896 Date(s) debt was incurred ____ Last 4 digits of account number <u>6297</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease of Rental Equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$938.16
3.29	Nonpriority creditor's name and mailing address Pitney Bowes, Inc. PO Box 371896 Pittsburgh, PA 15250-7896 Date(s) debt was incurred ____ Last 4 digits of account number <u>9223</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease of Rental Equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.18
3.30	Nonpriority creditor's name and mailing address PNC Bank Credit Card Manassas Crossroads 7800 Sudley Road Manassas, VA 20108-2804 Date(s) debt was incurred ____ Last 4 digits of account number <u>8240</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,372.31
3.31	Nonpriority creditor's name and mailing address Professional Media Corporation t/a Your Health Magazine 4201 Northview Drive, Ste 102 Bowie, MD 20716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,757.84

Debtor	Nelson Dermatology, PLLC Name	Case number (if known)	17-11536-BFK
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3.32	Nonpriority creditor's name and mailing address Quill PO Box 37600 Philadelphia, PA 19019-0600 Date(s) debt was incurred ____ Last 4 digits of account number <u>4296</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,219.08
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3.33	Nonpriority creditor's name and mailing address Randi Kopf 110 N. Washington Street Suite 408 Rockville, MD 20850 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.34	Nonpriority creditor's name and mailing address Roberts Oxygen Company, Inc. 15830 Redland Road PO Box 5507 Rockville, MD 20855 Date(s) debt was incurred ____ Last 4 digits of account number <u>1370</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,186.26
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3.35	Nonpriority creditor's name and mailing address Solor, Inc. 1021 Shoal Creek Way Easley, SC 29642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,079.56
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3.36	Nonpriority creditor's name and mailing address Solutionreach 2912 Executive Parkway Suite 300 Lehi, UT 84043 Date(s) debt was incurred ____ Last 4 digits of account number <u>1788</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$379.00
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3.37	Nonpriority creditor's name and mailing address Stericycle PO Box 6582 Carol Stream, IL 60197-6582 Date(s) debt was incurred ____ Last 4 digits of account number <u>8644</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159.22
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3.38	Nonpriority creditor's name and mailing address Sudley North, LLC 9101 Gaither Road Gaithersburg, MD 20877 Date(s) debt was incurred ____ Last 4 digits of account number <u>330</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,675.02
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Debtor	Nelson Dermatology, PLLC <small>Name</small>	Case number (if known)	17-11536-BFK
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3.39	Nonpriority creditor's name and mailing address Summers Laboratories 103i G.P Clement Drive Collegeville, PA 19426-2044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.22
3.40	Nonpriority creditor's name and mailing address Tangible Solutions PO Box 488 Matthews, NC 28106 Date(s) debt was incurred ____ Last 4 digits of account number <u>4717</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$474.00
3.41	Nonpriority creditor's name and mailing address Teltek Systems, Inc. 11521 Cronridge Drive Suite A Owings Mills, MD 21117 Date(s) debt was incurred <u>9/26/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,318.91
3.42	Nonpriority creditor's name and mailing address TrueShred PO Box 980 Gainesville, VA 20156 Date(s) debt was incurred ____ Last 4 digits of account number <u>0730</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.43	Nonpriority creditor's name and mailing address United Healthcare PO Box 7082 Bridgeport, CT 06610-7082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,211.40
3.44	Nonpriority creditor's name and mailing address Universal Companies, Inc. 18260 Oak Park Drive Abingdon, VA 24210 Date(s) debt was incurred ____ Last 4 digits of account number <u>1385</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$929.23
3.45	Nonpriority creditor's name and mailing address Valeant Pharmaceuticals 3701 Concorde Pkwy #800 Chantilly, VA 20151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,957.11

Debtor **Nelson Dermatology, PLLC** Case number (if known) **17-11536-BFK**

3.46	Nonpriority creditor's name and mailing address Weisco Signs 9073 Liberia Avenue Manassas, VA 24210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.47	Nonpriority creditor's name and mailing address ZirMed, Inc. Attn: Accounting Dept. 888 W. Market Street, Ste 400 Louisville, KY 40202 Date(s) debt was incurred <u>4/12/2017</u> Last 4 digits of account number <u>6382</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.83
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	A.R.M. Solutions, Inc PO Box 2929 Camarillo, CA 93011-2929	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	Allen Maxwell & Silver PO Box 540 Fair Lawn, NJ 07410	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain ____	<u>8593</u>
4.3	Allen Maxwell & Silver PO Box 540 Fair Lawn, NJ 07410	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain ____	<u>8593</u>
4.4	American Recovery Service, Inc 555 St. Charles Drive Suite 100 Thousand Oaks, CA 91360	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain ____	<u>1557</u>
4.5	Andersen, Randall & Richards Attn: Pamela J. Bim 5151 E. Broadway Blvd Tucson, AZ 85711	Line <u>3.45</u> <input type="checkbox"/> Not listed. Explain ____	—
4.6	Credit Mediators, Inc. PO Box 456 Upper Darby, PA 19082-0456	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain ____	—
4.7	David Straube Tsarouhis Law Group 21 S. 9th Street Ste 200 Allentown, PA 18102	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain ____	—
4.8	Galderma Laboratories 14501 N. Freeway Fort Worth, TX 76177	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain ____	<u>5979</u>

Debtor	Name	Case number (if known)	17-11536-BFK
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.9	GB Collects 145 Bradford Drive W. Berlin, NJ 08091	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	John Ellington Altus Global Trade Solutions 2400 Veterans Blvd Ste 300 Kenner, LA 70062	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	Jonathan A. Nelson Juris Day, PLLC 10521 Judicial Drive, Ste 200 Fairfax, VA 22030	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	Law Offices of Joel Cardis, LL 2006Swede Road Suite 100 E. Norriton, PA 19401	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13	Legum Law, PLC Attn: Terry C. Legum, Esquire 4004 Williamsburg Court Fairfax, VA 22032	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	<u>2001</u>
4.14	Michael J. Smith Dycio & Biggs 10533 Main Street Fairfax, VA 22030	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>68,161.79</u>
5b. +	\$ <u>332,232.48</u>
5c.	\$ <u>400,394.27</u>

Fill in this information to identify the case:

Debtor name **Nelson Dermatology, PLLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) **17-11536-BFK**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

Property

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

**AARP
601 E. Street NW
Washington, DC 20049**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

**AARP Health
PO Box 740819
Atlanta, GA 30374-0819**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Insurance - Workers Compensation**

State the term remaining

List the contract number of any government contract **0002**

**Accident Fund
National Insurance Company
PO Box 77000 Dept. 77125
Detroit, MI 48277-0125**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

**Aetna, Inc.
PO Box 981104
El Paso, TX 79998-1104**

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Aetna, Inc.
PO Box 14079
Lexington, KY 40512-4079

2.6. State what the contract or lease is for and the nature of the debtor's interest **Contract for Medical Supplies**

State the term remaining

List the contract number of any government contract

4265

Allergan
12975 Collections Center Drive
Chicago, IL 60693-0129

2.7. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Amerigroup
PO Box 5446
Richmond, VA 23220

2.8. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Anthem BCBS
PO 27401
Richmond, VA 23261-7401

2.9. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Anthem Health Keepers Plus
PO Box 27401
Richmond, VA 23261-7401

2.10. State what the contract or lease is for and the nature of the debtor's interest **Record and Billing Services**

State the term remaining

List the contract number of any

AthenaHealth
311 Arsenal Street
Watertown, MA 02472

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables

State the term remaining

List the contract number of any government contract

**Bankers Life and Casualty
PO Box 1935
Carmel, IN 46082-1935**

2.12. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables

State the term remaining

List the contract number of any government contract

**Blue Cross Blue Shield
PO Box 27401
Richmond, VA 23261-7401**

2.13. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables

State the term remaining

List the contract number of any government contract

**Care Credit
PO Box 965068
Orlando, FL 32896-5068**

2.14. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables

State the term remaining

List the contract number of any government contract

**Carefirst
PO Box 981633
El Paso, TX 79998-1633**

2.15. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables

State the term remaining

List the contract number of any government contract

**Carefirst Administrators
PO Box 981608
El Paso, TX 79998-1608**

2.16. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables**Carefirst BCBS
PO Box 981608
El Paso, TX 22038**

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

2.17. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

**Carefirst BCBS
PO Box 14416
Lexington, KY 40512-4416**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

**CareFirst Blue Choice
PO Box 14115
Lexington, KY 40512-4416**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

**Carefirst Blue Choice
PO Box 804
Owings Mill, MD 21170-0804**

2.20. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

**Center for Medicaid & Medicare
7500 Security Boulevard
Baltimore, MD 21244**

2.21. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

**CHAMPVA
PO 469064
Denver, CO 80246-9064**

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Cigna
PO Box 5200
Scranton, PA 18505-5200

2.23. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Cigna
PO Box 182223
Chattanooga, TN 37422-7223

2.24. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Cigna
PO Box 5909
Scranton, PA 18505-5909

2.25. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Cigna
PO Box 188061
Chattanooga, TN 18505-8061

2.26. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Cigna
PO Box 188050
Chattanooga, TN 18505-8050

2.27. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any

Cigna
PO Box 188004
Chattanooga, TN 18505-8004

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Communications Services**

State the term remaining

List the contract number of any government contract

2748

Comcast Business
PO Box 37601
Philadelphia, PA 19101-0601

2.29. State what the contract or lease is for and the nature of the debtor's interest **Communications Services**

State the term remaining

List the contract number of any government contract

9011

Comcast Communications
PO Box 3005
Southeastern, PA 19398-3005

2.30. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Compass Rose Health Plan
PO Box 6430
Annapolis, MD 21401

2.31. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

CoreSource
PO Box 2920
Clinton, IA 52733-2920

2.32. State what the contract or lease is for and the nature of the debtor's interest **Contract for Medical Supplies**

State the term remaining

List the contract number of any government contract

Delasco
608 13th Avenue
Counsel Bluffs, IA 51501

2.33. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

DMAS
PO Box 27444
Richmond, VA 23261-7444

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.34. State what the contract or lease is for and the nature of the debtor's interest **Contract for Medical Supplies**

State the term remaining

List the contract number of any government contract _____

DUSA Pharmaceuticals, Inc.
25 Upton Drive
Wilmington, MA 01887

- 2.35. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

GEHA
PO Box 4665
Independence, MO 64051-4665

- 2.36. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

GEHA
PO Box 30783
Salt Lake City, UT 84130-0783

- 2.37. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

Humana
PO Box 14601
Lexington, KS 40512-4601

- 2.38. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

Humana Choice
PO Box 14601
Lexington, KY 40512-4601

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.39. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

IHC Health Solutions
PO Box 21456
Saint Paul, MN 55121-1456

2.40. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Innovation Health Insurance
PO Box 981106
El Paso, TX 79998-1106

2.41. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

INTOTAL Health
PO Box 61010
Virginia Beach, VA 23466-1010

2.42. State what the contract or lease is for and the nature of the debtor's interest **Medical Malpractice Insurance**

State the term remaining

List the contract number of any government contract

Medical Protective
23257 Network Place
Chicago, IL 60673-1232

2.43. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Meritain Health
PO Box 853921
Richardson, TX 75085

2.44. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any

MHBP
PO 8402
London, KY 40742

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest **Medispa Software**

State the term remaining

List the contract number of any government contract

Millenium Systems Intl
28 Eastmans Road
Parsippany, NJ 07054

2.46. State what the contract or lease is for and the nature of the debtor's interest **Medical Malpractice Insurance for Dr. Arrington**

State the term remaining

List the contract number of any government contract

Norcal Group
PO Box 398054
San Francisco, CA 94139-8054

2.47. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Palmetto GBA
Mail Code AG600
Columbia, SC 29201

2.48. State what the contract or lease is for and the nature of the debtor's interest **Lease of Rental Equipment**

State the term remaining

List the contract number of any government contract

Pitney Bowes
PO Box 371896
Pittsburgh, PA 15250-7896

2.49. State what the contract or lease is for and the nature of the debtor's interest **Contract for Medical Supplies**

State the term remaining

List the contract number of any government contract

Roberts Oxygen Company, Inc.
15830 Redland Road
PO Box 5507
Rockville, MD 20855

2.50. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

Selman & Company
PO Box 2610
Rockville, MD 20847

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.51. State what the contract or lease is for and the nature of the debtor's interest **Contract for Biohazard Material Services**

State the term remaining

List the contract number of any government contract _____

Sharps Compliance, Inc.
PO Box 52792
Lafayette, LA 70505-2792

- 2.52. State what the contract or lease is for and the nature of the debtor's interest **Contract for Records & Billing Services.**

State the term remaining

List the contract number of any government contract _____

Solor, Inc.
1021 Shoal Creek Way
Easley, SC 29642

- 2.53. State what the contract or lease is for and the nature of the debtor's interest **Contract for Software Services**

State the term remaining

List the contract number of any government contract _____

Solutionreach
2912 Executive Parkway
Suite 300
Lehi, UT 84043

- 2.54. State what the contract or lease is for and the nature of the debtor's interest **Lease for Rent**

State the term remaining

List the contract number of any government contract _____

Sudley North, LLC
9101 Gaither Road
Gaithersburg, VA 20877

- 2.55. State what the contract or lease is for and the nature of the debtor's interest **Contract for Records & Billing Services.**

State the term remaining

List the contract number of any government contract _____

Tangible Solutions
PO Box 488
Matthews, NC 28106

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.56. State what the contract or lease is for and the nature of the debtor's interest **Business / Commercial and General Liability Insurance**

State the term remaining

List the contract number of any government contract

4806

The Hartford Insurance
2060 West Whispering Wind Dr.
#267
Phoenix, AR 85085

2.57. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

TrailBlazer
PO Box 650208
Dallas, TX 25262

2.58. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Tricare
PO Box 870140
Surfside Beach, SC 29587-9740

2.59. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Tricare Champ VA Supplement
PO Box 2510
Rockville, MD 20847

2.60. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Tricare for Life
PO Box 7890
Madison, WI 53707

2.61. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

UMR
PO Box 30541
Salt Lake City, UT 84130-0451

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.62. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables

State the term remaining

List the contract number of any government contract

UMR
PO Box 8095
Wausau, WI 54402-8095

2.63. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables

State the term remaining

List the contract number of any government contract

United Health Care
PO Box 7082
Bridgeport, CT 06610-7082

2.64. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables

State the term remaining

List the contract number of any government contract

United Health Care
PO Box 740825
Atlanta, GA 30374-0825

2.65. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables

State the term remaining

List the contract number of any government contract

United Health Care
PO Box 30557
Salt Lake City, UT 84130-0557

2.66. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables

State the term remaining

List the contract number of any government contract

United Health Care
PO Box 31362
Salt Lake City, UT 84130-0362

2.67. State what the contract or lease is for and the nature of the debtor's interest

Insurance Receivables
United Health Care
PO Box 30555
Salt Lake City, UT 84130-0555

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

2.68. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

United Health Care
PO Box 30995
Salt Lake City, UT 84130-0995

2.69. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

United Health Care
PO Box 30884
Salt Lake City, UT 84130-0802

2.70. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

United Health Care
PO Box 740802
Atlanta, GA 30374

2.71. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

United Health Care
PO Box 740800
Atlanta, GA 30374-0800

2.72. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract _____

United Health Care
PO Box 740809
Atlanta, GA 30374-0809

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.73. State what the contract or lease is for and the nature of the debtor's interest **Insurance - Employee Healthcare**

State the term remaining

List the contract number of any government contract

United Healthcare
12018 Sunrise Valley Drive
400
Reston, VA 20191

2.74. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

VA Financial Service
PO Box 149344
Austin, TX 74714-9344

2.75. State what the contract or lease is for and the nature of the debtor's interest **Contract for Communications Services**

State the term remaining

List the contract number of any government contract

Verizon
455 Duke Drive
Franklin, TN 37067

2.76. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Veterans Choice Program
PO Box 2748
Virginia Beach, VA 23450

2.77. State what the contract or lease is for and the nature of the debtor's interest **Insurance Receivables**

State the term remaining

List the contract number of any government contract

Wellnet
PO Box 270226
Minneapolis, MN 55427-0226

2.78. State what the contract or lease is for and the nature of the debtor's interest **Contract for Software Services**

State the term remaining

List the contract number of any government contract

ZocDoc
568 Broadway
New York, NY 30000

Debtor 1 **Nelson Dermatology, PLLC**

First Name

Middle Name

Last Name

Case number (if known)

17-11536-BFK

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

Fill in this information to identify the case:

Debtor name Nelson Dermatology, PLLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 17-11536-BFK

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1

Dr. Jennell Nelson

**8974 Yellowleg Court
Gainesville, VA 20155**

Sudley North, LLC

☐ D _____
☒ E/F 3.38
☐ G _____

2.2

Ernesto Flores

**15645 Turtle Point Dr.
Gainesville, VA 20155**

PNC Bank Credit Card

☐ D _____
☒ E/F 3.30
☐ G _____

Fill in this information to identify the case:

Debtor name Nelson Dermatology, PLLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 17-11536-BFK

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2017 to Filing Date

☒ Operating a business
☐ Other _____

\$175,404.04

For prior year:
From 1/01/2016 to 12/31/2016

☒ Operating a business
☐ Other _____

\$502,587.00

For year before that:
From 1/01/2015 to 12/31/2015

☒ Operating a business
☐ Other _____

\$453,251.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Nelson Dermatology, PLLC**Case number (if known) **17-11536-BFK**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Odin, Feldman & Pittleman, PC 1775 Wiehle Avenue Suite 400 Reston, VA 20190	February 8, 2017	\$1,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Legal Services
3.2. Odin, Feldman & Pittleman P.C. 1775 Wiehle Avenue Suite 400 Reston, VA 20190	April 10, 2017	\$1,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Legal Services
3.3. Odin, Feldman & Pittleman P.C. 1775 Wiehle Avenue Suite 400 Reston, VA 20190	May 3, 2017	\$5,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Legal Services
3.4. Odin, Feldman & Pittleman P.C. 1775 Wiehle Avenue Suite 400 Reston, VA 20190	May 4, 2017	\$5,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Legal Services

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Dr. Jennell Nelson Managing Member	May 5, 2016 - May 5, 2017	\$79,001.48	Distributions (Contributions were \$103,661.59)
4.2. Dr. Jennell Nelson Managing Member	May 5, 2016 - May 5, 2017	\$45,300.00	Gross Payroll
4.3. Dr. Jennell Nelson Managing Member	June 29, 2016	\$20,000.00	Purchase of medical equipment at Sheriff's Sale for \$2260.00

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

Debtor **Nelson Dermatology, PLLC**Case number (if known) **17-11536-BFK**

Creditor's name and address	Describe of the Property	Date	Value of property
Piedmont Medical Real Estate, LLC	Bank Account Garnishment	6/3/2016	\$662.66

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Delta Locum Tenens, LLC v. Nelson Dermatology CC-15-05538-E	Breach of Contract	DALLAS COUNTY, TEXAS 1201 Elm Street 21st and 22nd Floors Dallas, TX 75270	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	Professional Media Corporation v. Nelson Dermatology	Breach of Contract	District Court of MD Prince George's Cty 14735 Main Street Suite 173B Upper Marlboro, MD 20772	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Piedmont Medical Real Estate, LLC v. Nelson Dermatology CL 17003141, 17003142, 17003143	CL 15007930, 15003887, 16000686, 16002028, 16006490, 17000384, 17000385, COLLECTION ACTIONS	Prince William Circuit Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Delta Locum Tenens, LLC v. Nelson Dermatology CL 16004072	Collection Action	Prince William Circuit Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Henry Shein, Inc. v. Nelson Dermatology GV 16007127	Collection Action	Prince William General District Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.6.	Caldwell Consultants v. Nelson Dermatology GV 160181126	Collection Action	Prince William General District Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **Nelson Dermatology, PLLC**Case number (if known) **17-11536-BFK**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.7.	Thomas Breeden PC v. Nelson Dermatology GV 15016852	Collection Action	Prince William County GDC	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.8.	McKesson Medical Surgical Top Holdings, Inc v. Nelson Dermatology GV 16018126	Collection Action	Prince William GDC	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Nelson Dermatology, PLLC**Case number (if known) **17-11536-BFK**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Odin, Feldman & Pittleman P.C. 1775 Wiehle Avenue Suite 400 Reston, VA 20190		May 5, 2017	\$4,450.90
	Email or website address lauren.mckelvey@ofplaw.com			
	Who made the payment, if not debtor? Dr. Jennell Nelson			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Piedmont Medical Real Estate, LLC	Garnishment 2015 - 2017		\$16,861.89
	Relationship to debtor			
13.2	Delta Locum Tenems, LLC	Garnishment 2015-2016		\$2,208.16
	Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	8100 Ashton Avenue Suite 207 Manassas, VA 20108	4/2015 - 12/2015

Debtor **Nelson Dermatology, PLLC**Case number (if known) **17-11536-BFK**

Address	Dates of occupancy From-To
14.2. 8140 Ashton Avenue Suite 115 Manassas, VA 20109	4/2010 - 4/2015

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Medical Records

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Bank of America	XXXX-9091	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___		\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Nelson Dermatology, PLLC**Case number (if known) **17-11536-BFK**☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

Debtor **Nelson Dermatology, PLLC**Case number (if known) **17-11536-BFK****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address**Date of service
From-To**

26a.1. **Brown Mobley & Way P.C.
Attn: Jackie Way
9161 Liberia Ave
#100
Manassas, VA 20110**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address**If any books of account and records are
unavailable, explain why**

26c.1. **Brown Mobley & Way P.C.
Attn: Jackie Way
9161 Liberia Avenue
#100
Manassas, VA 20110**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Piedmont Medical Real Estate, LLC**

26d.2. **Delta Locum Tenems, LLC**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Debtor **Nelson Dermatology, PLLC**Case number (if known) **17-11536-BFK**

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Dr. Jennell Nelson	5/8/2017	\$3,600.00 / Cost Basis

Name and address of the person who has possession of inventory records

Elizabeth Niaz

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Dr. Jennell Nelson	8974 Yellowleg Court Gainesville, VA 20155	Shareholder	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Dr. Jennell Nelson	\$79,001.48	May 5, 2016 - May 5, 2017	Salary
	Relationship to debtor Managing Member			
30.2	Employee Payroll	45,300.00	May 5, 2016 - May 5, 2017	Payroll
	Relationship to debtor Employees of Debtor			
30.3	Payroll Distributions & Contributions	103,661.59		Payroll Distributions & Contributions
	Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Debtor **Nelson Dermatology, PLLC**Case number (if known) **17-11536-BFK**

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 1, 2017****/s/ Dr. Jennell E. Nelson**

Signature of individual signing on behalf of the debtor

Dr. Jennell E. Nelson

Printed name

Position or relationship to debtor **Managing Member**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Nelson Dermatology, PLLC**

Debtor(s)

Case No. **17-11536-BFK**
Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Dr. Jennell E. Nelson 8974 Yellowleg Court Gainesville, VA 20155			Shareholder 100% Interest

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 1, 2017**

Signature **/s/ Dr. Jennell E. Nelson**
Dr. Jennell E. Nelson

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*